

Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD, MS

550 W. 7th Ave., Suite 310
Anchorage, AK 99501-6699
www.csed.state.ak.us

All Case Numbers: _____
Member Number: _____

Request for Release of Joint Federal Tax Refund

- ____ Please return our joint tax refund to us.
____ Please apply our joint tax refund to the cases listed above. Release money to the custodial parent(s) and return over-collected amount to us.

I, _____, the non-custodial parent's spouse, agree not to submit an injured spouse claim to the Internal Revenue Service (IRS) to replace the federal tax refund intercepted by the Child Support Services Division (CSSD).

If any portion of the federal tax refund is reclaimed by the IRS, we understand that amount may be added to the arrears owed by _____, the non-custodial parent, and may be collected by withholding the non-custodial parent's wages or by other enforcement remedies.

Current employer's name, address and phone number: _____

We understand and agree to the above.

Non-Custodial Parent

Non-Custodial Parent's Spouse

Signature: _____
Date: _____

Signature: _____
Date: _____

Print Name: _____
SSN: _____

Print Name: _____
SSN: _____

Address: _____

Address: _____

SUBSCRIBED AND SWORN to before me this date:

SUBSCRIBED AND SWORN to before me this date:

Notary Public in and for Alaska
My Commission Expires: _____

Notary Public in and for Alaska
My Commission Expires: _____

Note: If a notary is not available, the signatures may be verified and stamped by a U.S. Post Office representative.
CSSD 04-1806 (Rev. 05/20/04)